# **PCS Amendment Instructions**

**LINE ONE**: Enter the contract number and amendment number. The contract number is the same as the original contract number and will remain on all subsequent amendments.

#### 1. CONTRACTING PARTIES

Enter the Agency number /name and legal vendor name.

# 2. NEW CONTRACT EXPIRATION DATE

If you are extending a contract, enter the new expiration date. You cannot extend a contract if it has expired.

# 3. PURPOSE OF AMENDMENT

Give a brief, concise reason for amending the original contract.

### 4. AMENDED DOLLAR AMOUNT

Fill in the blanks as necessary. Remember if you are decreasing funds list the numbers as a negative ( - ) dollar amount.

\*NEW – Total dollar amount paid on contract as of this date. (signed date)

# 5. NEW AND/OR REVISED ATTACHMENTS

Attach any new or revised attachments to the back of the amendment.

### 6. SIGNATURES

For this amendment to be valid and prior to submittal to Dept of Finance and Administration, Contractor and Agency Director must sign and date where indicated.

#### 7. AGENCY CONTACT PERSON FOR QUESTION(S) REGARDING THIS CONTRACT

List name and title of Agency Representative who can answer questions concerning this amendment . Provide name and address to whom approved amendment should be mailed.

#### 8. SOURCE OF FUNDS

Designate in the space provided the percentage from Federal, State, Cash, Trust and Other funds to be used in payment. Indicate the source of any Federal, Cash, Trust or Other funds used. If there is no change to the funding from the original contract, leave this section blank.